## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stap ISSUE FEE

2126338527

Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fcc(5) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT DURRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 7590 4518 12/29/2009 Certificate of Mailing or Transmission I hereby certify that this Fec(8) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. ROBERT W. J. USHER PATENT AGENT 1133 BROADWAY, #1515 NEW YORK, NY 10010 (Dopositor's name) (Signature) (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/706.867 James McLennan 11/12/2003 1528 6733

TITLE OF INVENTION: METHOD AND SYSTEM FOR AUTOMATIC MODIFIABLE MESSAGES

APPLN. TYPE	SMALL ENTITY	ISSUB FEE DUE	PUBLICATION FEE DUE	Prev. Paid Issue Pee	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	AE2 .	\$755	\$300	\$0 81/27/2010	\$1055 HBELETE2 00000013	03/29/2010
EXAMINER		ART UNIT	CDM30-300CDM33			, TALADOD!
BAROT, BHARAT		2455	709-232000	01 FC:2501 02 FC:1504		755.00 OP
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys  1. Correct W J. USHER			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered atterney or agent) and the names of up to 2 registered patent atterneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or type	oc)		
PLEASE NOTE: Un recordation as set for	iless an assignce is identition and CFR 3.11. Com	tified below, no assigned pletion of this form is NO	data will appear on the pa T a substitute for filing an	atent. If an assignee is ic	lentified below, the doct	ament has been filed for
(A) NAME OF ASS			(B) RESIDENCE: (CITY			
	•					
Picase check the approp	riate assignce category of	r categories (will not be p	rinted on the patent):	Individual Corporati	on or other private groun	contity Government
An The following foots	ana anti-tasada					
4a. The following fee(s) are submitted:  4  4a. The following fee(s) are submitted:			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)			
Eublication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized to charge the required (cc(s), any deficiency, or credit any			
			overnayment, to Depo-	sit Account Number	(enclose un e	extra copy of this form).
	tus (from status indicate		D			
	ns SMALL ENTITY state		b. Applicant is no long			
interest as shown by the	nd Publication Fee (if req records of the United St	uired) will not be accepte ites Patent and Trademark	d from anyone other than the Office.	ne applicant; a registered a	attomey or agent; or the s	assignce or other party in
Authorized Signature	Bonter	M		Date	n 26 10	
Typed or printed name	ic_Posse	TWJ	USHER	Registration No.	30923	
this form and/or suggest	ions for reducing this bu Virginia 22313-1450. DO	rden should be sent to the	on is required to obtain or re 1.14. This collection is est depending upon the indivi- e Chief Information Office COMPLETED FORMS TO	TUBE Parent and Tendent	s on the amount of time	you require to complete

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.